Cover Page

Wright County Charitable Foundation

Organization Conducting Project

Contact Name and Information

This is where ALL correspondence will be sent – INCLUDING AWARD NOTIFCATION LETTERS

Include name, physical mailing address, phone number, and email address – **Must include all**

Requesting/Fiscal Applicant (if different from above listed organization)

Include name, physical mailing address, phone number, and email address

You MUST include a Fiscal Sponsorship Agreement Form – Found on the Website

Organization Type

Please indicate if your organization is 501(c)(3) or 170B. NOTE: You MUST include a copy of 501(c)(3) & IRS Determination letter OR 170B/Evidence of government agency letter with the grant application.

Schools are government entities for the purposes of this application.

Federal ID#

Application Form

Application Basics

Project Name

Project Summary

Funding Request Type

	Program Based *(Operational, activity, general programmatic support)*
	Capital Based *(The building of or physical improvement of something)*

Program Area **CHECK ONLY ONE.**

	Arts/Culture/ Humanities		Human Services		Education		Environmental/ Animals
	Public/Society Benefit		Health		Recreation		

Financial Information

Total Dollar Amount Requested

Total Project Cost

Budget Narrative

Describe in detail how grant money would be spent. What is the organization's strategy if only partial funding is allocated?

Total Project Budget

Include a **detailed project** budget, which includes all sources of income and expenses for this project. A twenty percent (20%) match is necessary, which could include "In-Kind" gifts/services, (see Grant Overview for definition) other grant requests, etc. Indicate if other funding is pending, approved, or received.

Organization Information

Mission Statement or Organizational Purpose

What is your organization's mission statement or overall purpose?

Board of Directors/Management Staff

Provide a list of your Board of Directors or Management Staff. List should include names, roles, terms, and professional affiliations.

Project Details

Project Start Date

Project End Date

Ongoing Project

Is this an ongoing project?

Project Description

Provide a complete description of the project. Include activities, services, and other details about the implementation of the project.

Expected Outcomes

What are the expected outcomes? This should not be a list of *outputs* (activities, services, materials, etc.), but a description of *outcomes* (impact, results, etc.). Explain how this project will make a difference in Wright County.

Have you previously received funding from Wright County Charitable Foundation? If yes, when and for what purpose?

Community Impact

Community Need

What community needs does this project address in Wright County? What is your strategy to address this need? If this project is open to residents outside of Wright County, explain how funds will be used specifically for Wright County residents.

People Served

Describe the people who will directly benefit from this project, indicate the age, race/ethnicity, socioeconomic status, and/or the specific community/area/region within Wright County being served.

Future Funding Plans

Indicate how this project will be sustained in the future.

Applicant Feedback

Our foundation is interested in improving our grantmaking practices (the level at which our process is transparent, flexible, and simple for applicants). The following questions seek feedback from applicants that will assist us in this process. Your answers will not affect your organization's chances of being awarded a grant through the Wright County Charitable Foundation.

Question 1

How familiar are you with the Wright County Charitable Foundation website and the resources provided?

Question 2

What is needed by your organization to be transformational in your work?

Authorized Signature

Important! By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date, you are:
(1) representing that you are an officer or other agent for the Legal Applicant duly authorized to enter into legally binding agreements on behalf of the Legal Applicant
(2) agreeing to submit this grant application form on behalf of the Legal Applicant
(3) agreeing that you provided true, accurate, current, and complete information
(4) agreeing that your insertion of data into these following fields constitutes an electronic signature

Name (Authorized Signature)

Title

Date:

File Attachment Summary

Applicant Documents Included

Submit to Wright County Charitable Foundation
Save your application as a pdf and…
Email to: wced@wrightco.iowa.gov
If you have not received an email verification from us for receipt of your application, please call our office at 515-532-6422 to verbally confirm.

OR
Print your application (7 copies, three-hole punched), no staples, and…
Mail to:
WCCF
Post Office Box 214
Clarion, Iowa 50525

OR
Print your application (7 copies, three-hole punched), no staples, and…
Deliver to:
Wright County Economic Development – Basement of the Courthouse
115 North Main Street
Clarion, Iowa 50525

Absolutely no late applications will be accepted!